



September 9, 2014

The Honorable Gail Haines  
Michigan House of Representatives  
P.O. Box 30036  
Lansing, MI 48909-7536

Dear Chairwoman Haines:

On behalf of the Michigan Academy of Family Physicians (MAFP)—which represents over half of practicing family physicians in Michigan—I am writing in regard to Senate Bill (SB) 2, Senator Jansen's advanced practice registered nurse (APRN) legislation, under consideration in the committee today.

We wish to be clear – the Michigan Academy of Family Physicians supports appropriately defining the scope and licensure of advanced practice registered nurses in the Michigan Public Health Code (PHC). We believe the code must be updated to more adequately reflect current practice settings and specifically, the unique skill set of APRNs. APRNs are a vital part of the Patient Centered Medical Home (PCMH) model, a model developed by primary care physicians and being adopted across this state and the nation. The MAFP wholeheartedly supports the physician-led, collaborative healthcare team that is promoted by the PCMH. Honoring and recognizing the APRN role within this team will provide the best care for Michigan citizens and address the difficulties with access to care.

In this regard, MAFP's position is a far cry from defending the status quo of scope laws in Michigan. Our primary goal is and always will be to improve the health of patients, families and communities in Michigan. SB 2 can help us accomplish that by clearly defining the APRN role within the Public Health Code and establishing guidelines for team-based, collaborative care. The latter is where SB 2, as currently written, falls short.

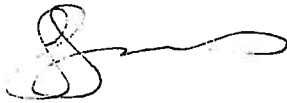
In order to meet these goals, we would support the following changes to the bill:

- A requirement that APRNs practice within a "patient care team", which would include a reference(s) to a prescriptive authority agreement for prescribing schedules 2-5 drugs [similar to the amendment offered by Senators Roger Kahn (R-Saginaw Twp.) and Gretchen Whitmer (D-East Lansing) during the November 13<sup>th</sup> Senate floor debate].
- Continuing medical education (CME) requirements need to be clearly defined under the Public Health Code as they are for other licensed providers, such as physicians and RNs. APRNs practice above the RN level and should be required to complete more CME than RNs (RN licensure requires 25 hours every two years and physician licensure requires 150 hours every three years).
- Mentorship is an extremely important part of a physician's training and is a key component of the residency years. The mentorship requirement included in SB2 is to be applauded but needs to be delineated just as residency requirements are delineated. To that end, we ask that a core curriculum or skill set be defined. In addition, while a physician is preferable, any provider that is a party to a mentorship agreement as a mentor should have at least 8 years of clinical experience.

Year after year, the assault on the Legislature to expand the scope of practice by groups of health care providers in silos has been divisive and counterproductive. It is time for the strategy to change to one of collaboration and teamwork if we truly want to improve health care for Michiganders.

Certainly, there is no perfect template as to how to transform this process. We appreciate the opportunity we have had to work with the sponsor to address our concerns mentioned today and we hope to continue these discussions going forward. Thank you for your consideration of these concerns and suggestions.

Sincerely,

A handwritten signature in black ink, appearing to be 'Tina L. Tanner', with a stylized, looping initial 'T' and a long, horizontal flourish extending to the right.

Tina L. Tanner, MD  
President

*cc: House Health Policy Committee Members*